## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 ATTORNEY DOCKET NO. 0397-0477PUS1

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Page 1 of 2

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	verily believe that I am the original, first and (if plural inventors are named below) of the	d sole inventor ( if only on	e inventor is named below) or ar	original, first and joint invento			
Insert Title:	MOBILE TERMINAL WITH PERSON						
	the specification of which is attached hereto.	If not attached hereto,					
Fill in Appropriate Information - For Use  Without Specification Attached:	the specification was filed on			as			
	United States Application Number	r		;			
	and amended on		(	if applicable); and/or			
	the specification was filed on		<u> </u>	as PCT			
	International Application Number	; and was					
	amended on			(if applicable)			
	I hereby state that I have reviewed and to by any amendment referred to above.  I acknowledge the duty to disclose infor \$1.56.  I do not know and do not believe the sthereof, or patented or described in any prin prior to this application, that the same was a application, that the invention has not been application in any country foreign to the Unimore than twelve months (six months for de on this invention has been filed in any cour representatives or assigns, except as follows:	rmation which is material to same was ever known or u need publication in any cou out in public use or on sale a patented or made the su ited States of America on a esigns) prior to this applica- ntry foreign to the United	o patentability as defined in Title sed in the United States of Ame antry before my or our invention in the United States of America bject of an inventor's certificate an application filed by me or my ation, and that no application fo	37, Code of Federal Regulations, rica before my or our invention in thereof or more than one year more than one year prior to this eissued before the date of this legal representatives or assigns repatent or inventor's certificate			
Insert Priority	I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:						
	Prior Foreign Application(s)			Priority Claimed			
Information:	2003-092095	Japan	03/28/2003	Priority Claimed			
(if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
	(Number)	(Country)	(Month / Day / Year Filed)	_			
		(County)	(Mondi / Day / Tear Filed)	Yes No			
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
				_			
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, Unite	ed States Code, 9119(e) or	any United States provisional app	olication(s) listed below.			
(if any)	(Application Number)			(Filing Date)			
	(Application Number)			(Filing Date)			
	All Foreign Applications, if any, for any Patthe Filing Date of this Application:	ent or Inventor's Certificat	te Filed more than 12 months (6	5 months for designs) Prior to			
insert Requested information:	Country	Application Number		Date of Filing (Month / Day / Year)			
nsert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:						
Application(s):	(Application Number)	(Filing Date)	(Status - paten	ted, pending, abandoned)			
age 1 of 2	(Application Number)	(Filing Date)	(Status - patern	ted, pending, abandoned)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING:							
Full Name of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Insert Name of Inventor Insert Date This Document is Signed	Hidenori KUWAJI	•		[MA	Mar 11 . 2004		
Insert Residence	Residence (City, State & 0	• •		CITIZENSHIP	<u> </u>		
Insert Citizenship	Higashi Hiroshima-shi, Hiroshima, Japan			Japan			
Insert Mailing	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Address	2-13-1, Hachihonmatsu, lida, Higashi Hiroshima-shi, Hiroshima 739-0146 Japan						
Full Name of Second Inventor, if any:	GIVEN NAME F	AMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
				]			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
			•	•			
Full Name of Third Inventor, if any	GIVEN NAME F	AMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME FA	MILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME FA	MILY NAME	INVENTOR'S SIGNATURE		DATE*		
sec above	Residence (City, State & Country)  CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Page 2 of 2 (Revised 01/02)							
•	* DATE OF SIGNATURE				<del></del>		